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WRITE PLAINLY IN INK. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH.  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		
District of _____	ORIGINAL CERTIFICATE OF BIRTH		
Town of _____	State Index No. <u>107</u>		
or _____	County Registrar No. <u>781</u>		
City of <u>Globe</u>	Local Registrar No. _____		
2. Full name of child <u>Betty Josephine Russell</u>		No. <u>270 S East</u> St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____	7. Date of birth <u>Oct 1st 1924</u>		
8. FATHER		14. MOTHER	
Full name <u>Thomas Jennings Russell</u>		Full maiden name <u>Mary Pearl Nash</u>	
9. Residence <u>270 S East St Globe Ariz</u>		15. Residence <u>270 S East St Globe Ariz</u>	
(Usual place of abode)		(Usual place of abode)	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>white</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Roosevelt</u>	(State or country) <u>Arizona</u>	18. Birthplace (city or place) <u>Shafford</u>	(State or country) <u>Arizona</u>
13. Occupation <u>Garage man</u>	Nature of industry	19. Occupation <u>House wife</u>	Nature of industry
20. Number of children of this mother / (a) Born alive and now living <u>One</u>		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____ (c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature _____	
Address _____		(Physician or midwife)	
Given name added from a supplemental report _____		Month, day, year.	
Registrar.		Filed <u>10-10</u> 19 <u>24</u> <u>B. E. J. Gray</u>	
		Filed <u>11-5</u> 19 <u>24</u> <u>B. E. J. Gray</u>	
		County Registrar.	

293-1001-458